

<b>Case Number:</b>	CM15-0187016		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a (n) 42 year old male, who sustained an industrial injury on 2-23-12. The injured worker was diagnosed as having left elbow pain. Medical records (4-16-15 through 6-18-15) indicated 3-5 out of 10 left elbow pain that is helped with medications and TENS treatment. The physical exam (5-14-15 through 6-18-15) revealed normal left elbow range of motion and numbness in the left arm making it difficult to complete activities of daily living. Treatment to date has included physical therapy in 2014 (number of sessions not provided), a home exercise program and Gabapentin. Current medications include Naproxen and LidoPro ointment (no previous prescriptions found). As of the PR2 dated 9-3-15, the injured worker reported 3 out of 10 left elbow pain. Objective findings include no edema or swelling in the left elbow and tenderness to palpation. The treating physician requested LidoPro ointment 120ml and TENS electrodes x 2 pairs. On 9-3-15 the treating physician requested a Utilization Review for LidoPro ointment 120ml and TENS electrodes x 2 pairs. The Utilization Review dated 9-18-15, non- certified the request for LidoPro ointment 120ml and TENS electrodes x 2 pairs.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidopro topical ointment 120 ml (DOS: 09/03/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The LidoPro is a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 27.5%), anesthetic (lidocaine 4.5%), and general pain reliever (menthol 10% and capsaicin 0.0325%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 120mL of LidoPro topical ointment for the date of service 09/03/2015 is not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) electrodes times 2 pair (DOS: 09/03/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating the reason additional electrodes were needed. In

the absence of such evidence, the current request for two pairs of electrodes for a transcutaneous electrical nerve stimulation (TENS) unit for the date of service 09/03/2015 is not medically necessary.